



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

**APPLICATION FOR BINGO PROMOTER'S LICENSE**

For the Year of \_\_\_\_\_  
Fee Due of \$1000.00

**L-2057**

(Rev. 10/12/09)  
4136

This application must be received in the Columbia office of the Department of Revenue no later than 45 days prior to renewal date. Mail application and make check payable to the South Carolina Department of Revenue, Regulatory Division, Columbia, SC 29214-0026.

The application must be filed in original form, and all signatures must be original. We cannot accept carbon or photo copy applications nor stamped, traced, facsimile, or other signatures.

Type of Ownership ☐ Individual ☐ Partnership ☐ Corporation

Do Not Write in This Space  
General fund \$ \_\_\_\_\_  
Cash-M. O.-Check \_\_\_\_\_

Audited by \_\_\_\_\_

Date \_\_\_\_\_

File # \_\_\_\_\_

Expiration \_\_\_\_\_

14-2561

1. Name of Applicant \_\_\_\_\_ SS# or FEI# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. This license is to promote the Bingo Game for the following nonprofit organization:

Name as Chartered \_\_\_\_\_ File Number \_\_\_\_\_

Street Address \_\_\_\_\_

Street (No P.O. Box)

City

State

Zip

Location of Game \_\_\_\_\_

Street Address \_\_\_\_\_

Street (No P.O. Box)

City

State

Zip

County

**Attach a copy of the contract between you and the nonprofit organization which names you as promoter.**

3. Are you leasing or renting any equipment, furniture, fixtures or building to the nonprofit organization?

☐ Yes ☐ No

**If yes, you must attach a copy of the lease or rental agreement stating the lease or rental amount and copy of Floor Plan. Your Sales Tax License number is \_\_\_\_\_**

4. Are you leasing/renting the building used for bingo from any individual or organization? ☐ Yes ☐ No

**If yes, you must attach a copy of the lease or rental agreements stating the lease or rental amounts.**

5. Are you a party to any contract involving use of building other than the operation of bingo? ☐ Yes ☐ No

**If yes, you must attach a copy of the lease or rental agreements stating the lease or rental amounts.**

6. How many Promoter's licenses do you currently hold? \_\_\_\_\_

**Note: PROVIDE A COPY OF PROFESSIONAL SOLICITOR'S LICENSE FROM SC SECRETARY OF STATE.**

7. Do you have any other applications for Promoter's licenses pending? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

8. Do you currently have a bond on file with the Department of Revenue? ☐ Yes ☐ No

If yes, what is the value of that bond? \$ \_\_\_\_\_

If no, you must submit a bond per Section 12-21-4230 South Carolina Code.

9. Your books and records are in care of \_\_\_\_\_  
Name

Physical Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

10. Will there be any retail sales of tangible personal property, e.g. snacks, t-shirts, etc., made for the convenience of your customers? ☐ Yes ☐ No

If yes, enter Sales Tax License Number \_\_\_\_\_

11. Are there other business activities being conducted at the bingo location, other than those referenced to in number ten e.g. coin-operated devices? ☐ Yes ☐ No

**If yes, state nature of business activities and attach a copy of any and all contract(s) and/or agreement(s).**

12. Provide the following information for all partners, officers of the corporation and stockholders of ten percent or more:

Name	Position Held	Home Address	S.S. #	Phone #	DOB

Attach additional sheet, if necessary.

13. Provide the following information for each person who will work at the proposed bingo games and who will receive compensation for the work. Under Section 12-21-4060 of Bingo Tax Act, a person who has been convicted within the last twenty years of violating a state or federal criminal statute relating to gaming or gambling, or who has been convicted of any other crime that has a sentence of two or more years, or where applicable, whose promoters license has been revoked by the department is not permitted to manage or conduct a game or assist in any manner with the bingo operation.

Name	Home Address	Work to be Performed	S.S. #	Phone #	DOB	Ever Convicted?

Attach additional sheet, if necessary.

13A.

Promoter Name	Home Address	S.S. #	Phone #	DOB	Ever convicted?

### AFFIDAVIT

STATE OF SOUTH CAROLINA

County of \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_ of the  
(Please Print) (Title)

\_\_\_\_\_ swear (or affirm) that the information contained herein

and on the attached sheets is, to the best of my knowledge and belief, true and correct, that the game of Bingo will be conducted as outlined in Section 12-21-3910 and 12-21-3920 of the S.C. Code, and that the promoter will advise the Department, in writing, within 30 days of any changes in the information supplied on this application.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 (Notary Public for S.C.)

\_\_\_\_\_  
 If partnership, all partners must sign.

L-2057 INSTRUCTIONS - FOR THE COMPLETION OF  
APPLICATION FOR BINGO PROMOTER'S LICENSE  
(Rev. 9/24/08)

All blanks on the application must be filled in either by a definite answer or "not applicable". The thirty (45) days allowed by statute for processing the application does not begin until the application is properly completed and all required supporting documents are received.

Indicate type of ownership in proper square.

1. Record the name of the applicant. The name of the corporation must be given exactly as chartered. We cannot accept any deviations. If the applicant is an individual, provide Social Security number; if the applicant is a partnership provide Social Security number and/or Federal Employer Identification number; if the applicant is a corporation, provide Federal Employer Identification number.

Provide permanent street address of applicant, mailing address, and telephone number. If applicant is an individual, give drivers license number with the state which issued the license and date of birth. If applicant is a corporation or partnership, indicate in "Date of Birth" the date incorporated or organized.

2. The name must be exactly as chartered, no deviations accepted. Provide address and file number of the organization.
3. Indicate if you are leasing or renting equipment, furniture, fixture or building to an organization. You must attach a copy of the lease or rental agreement; you also must have a sales tax license and remit the sales tax number on the lease payments.
4. Indicate if you are leasing/renting the building used for bingo from any individual or organization.
5. Indicate if you are a party to any contract involving use of a building other than the operation of bingo.
6. Indicate the number, if any, of the promoter's license you currently hold.
7. Give the number, if any, of the promoters license pending.
8. Indicate if you have a bond on file with the Department of Revenue and give the value of that bond. If not, please submit a bond with the application. The bond must be in the exact name of the applicant. See number one.
9. Give the names, address, and phone of the person or company that conducts your bookkeeping activities.
10. Indicate if retail sales of tangible personal property will be made at the location in which the games are to be played. If yes, please provide us with the retail license number. If you do not have a retail license you may obtain one by completing Form SCTC-111.
11. Indicate if there are other business activities being conducted at the bingo location. State the nature of that activity and attach a copy of any contracts or agreements.
12. Give information on all partners, officers and stockholders of ten percent or more. Information must include Name, Position Held, Home Address, Social Security Number, Phone Number, and Date of Birth.
13. Give information on all employed persons who will receive compensation for work performed. Information must include Name, Home Address, Work to be Performed, Home Address, Social Security Number, Phone Number, and

**THE AFFIDAVIT MUST BE COMPLETED IN FULL**